2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010726

FILED Apr 03, 2007 Secretary of State

Entity Name: PORT ORANGE PROFESSIONAL PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

804 DUNLAWTON AVENUE PORT ORANGE, FL 32127

Current Mailing Address: New Mailing Address:

1029 S NOVA RD P O BOX 291974

UNIT H PORT ORANGE, FL 32129 19

ORMOND BEACH, FL 32174

FEI Number: 20-1934013 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KHAZRAEE, ARAM

1951 SOUTH CREEK BLVD

DAYTONA, FL 32128 US

NAMMOUR, HENRI
3890 TURTLE CREEK DR
PORT ORANGE, FL 32129 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: HENRI NAMMOUR 04/03/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: STD () Delete Title: () Change() Addition

 Name:
 SELTZER, MICHAEL
 Name:

 Address:
 804 DUNLAWTON AVENUE
 Address:

 City-St-Zip:
 PORT ORANGE, FL 32127
 City-St-Zip:

Title: PD () Delete Title: SECR (X) Change () Addition

 Name:
 KHAZRAEE, ARAM
 Name:
 NAMMOUR, HENRI H

 Address:
 763 N BCH ST
 Address:
 3890 TURTLE CREEK DR

 City-St-Zip:
 ORMOND BEACH, FL 32174
 City-St-Zip:
 PORT ORANGE, FL 32129

Title: D (X) Delete Title: () Change () Addition

 Name:
 KHAZRAEE, PANTEA
 Name:

 Address:
 1951 SOUTH CREEK BLVD
 Address:

 City-St-Zip:
 PORT ORANGE, FL 32128
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRI NAMMOUR SECR 04/03/2007